PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of _Gila_

District of _Claypool_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

Town of _Arizona_

or

City of _____ No. _Midland City_ _____ St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. _130_

County Registrar No. _140_

Local Registrar No. _140_

2. Full name of child _Jenna Mae Besner_

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate?	7. Date of birth _April 5, 1927_
female	5. No., in order of birth _____		_yes_	Month Day Year

8. FATHER	14. MOTHER
Full name _John Benjamin Besner_	Full maiden name _Harriet Ann Webster_
9. Residence (Usual place of abode) _Miami, Arizona_	15. Residence (Usual place of abode) _Miami, Arizona_
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race _White_	11. Age at last birthday _51_ (Years)	16. Color or race _White_	17. Age at last birthday _44_ (Years)
12. Birthplace (city or place) _Phoenix_ (State or country) _Arizona_	18. Birthplace (city or place) _Nephi,_ (State or country) _Utah_
13. Occupation _Millman_ Nature of industry	19. Occupation _Housewife_ Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living _8_ (b) Born alive but now dead _0_ (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? _yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _alive_ at _3_ _a._ m. on the date above stated
(Born alive or stillborn.)

Signature _____ (Physician or midwife).

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address _Miami, Arizona_

Given name added from a supplemental report _____ Month, day, year

Filed _Apr 14, 1927_ _C. E. Brown_ Local Registrar.

Filed _____, 19____ County Registrar.

Registrar

_329-405-869_